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Receipt  
PATENT 3712

Attorney Docket No. 101.0084-00000  
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
Gary K. MICHELSON )  
Serial No. 09/457,228 )  
Filed: December 8, 1999 )  
For: Spinal Implant Surface Configuration )

Group Art Unit: 3738

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APR 12 2000  
TECHNOLOGY CENTER 3700

Assistant Commissioner for Patents  
OFFICE OF INITIAL PATENT EXAMINATION  
Washington, D.C. 20231

Sir:

**REQUEST FOR CORRECTED FILING RECEIPT**

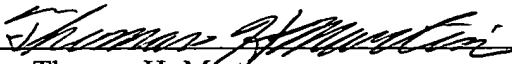
We are forwarding herewith a copy of a Filing Receipt for the above-identified patent application. As indicated in ink on the attached copy, there is an error in the Filing Receipt. The Applicant's name should be changed from "Gary K.M.D. Michelson" to --Gary K. Michelson, M.D.-- as it appears in the original application papers as filed.

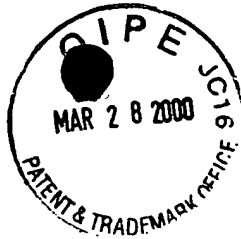
It is respectfully requested that a corrected Filing Receipt be issued as soon as possible.

Respectfully submitted,

MARTIN & FERRARO, LLP

Dated: March 27, 2000

By:   
Thomas H. Martin  
Reg. No. 34,383  
Martin & Ferraro, LLP  
14500 Avion Parkway, Suite 300  
Chantilly, VA 20151-1101  
(703) 679-9300



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Attorney Docket No. 101.0084-00000  
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**Certificate of Mailing under 37 CFR 1.8**

I hereby certify that this Request for Corrected Filing Receipt, attachment, and self-addressed stamped postcard are being deposited on March 27, 2000 with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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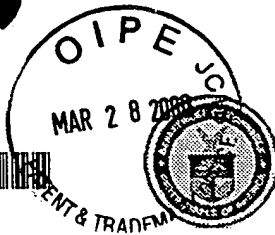
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Sandra L. Blackmon  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/457,228	12/08/1999	3738	4478	101.0084-00000	7	202	7

MARTIN & FERRARO  
14500 AVION PARKWAY  
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CHANTILLY, VA 201511101

Date Mailed: 03/17/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

GARY K. M. D MICHELSON, VENICE, CA ;

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MAR 20 2000

**Continuing Data as Claimed by Applicant****Foreign Applications**

If Required, Foreign Filing License Granted 01/14/2000

**MARTIN & FERRARO LLP****Title**

SPINAL IMPLANT SURFACE CONFIGURATION

**Preliminary Class**

623

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Data entry by : GARNETT, SANDRA

Team : OIPE

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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE  
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<b>SERIAL NUMBER</b> 09/457,228	<b>FILING DATE</b> 12/08/1999 <b>RULE</b> -	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 101.0084-00000
<b>APPLICANTS</b> GARY K. MICHELSON, VENICE, CA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 01/14/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 202
				<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b>  22882				
<b>TITLE</b> SPINAL IMPLANT SURFACE CONFIGURATION				
<b>FILING FEE RECEIVED</b> 4478	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	